



John E. Manning
District One

Cecil L. Pendergrass
District Two

Larry Kiker
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wm. Wesch
County Attorney

Donna Marie Collins
Hearing Examiner

(239) 533-5450

June 3, 2015

Mr. Michael Alcorn
A+ Electric LLC
2712 NW 3rd Avenue
Cape Coral, FL 33993

SUBJECT: RFQ150161 ELECTRICAL CONTRACTORS CONTINUING
CONTRACT

ENCLOSURE (1): Executed Copy of Construction Contract Agreement
ENCLOSURE (2): Professional Services Invoice Statement

Dear Mr. Alcorn:

Enclosed is your executed copy of the Construction Contract Agreement for the project known as "Electrical Contractors Continuing Contract".

The Contract No. is 7136 and must be on all invoices.

If you should have any questions, please contact our office at the above number.

Sincerely,
PROCUREMENT MANAGEMENT

Diana Khan

Diana Khan
Procurement Manager

C: Financeonbase@leeclerk.org
Project File

LEE COUNTY CONSTRUCTION CONTRACT

AGREEMENT FORM

Contract No. 7136
Board Award Date: 5/19/2015

AGREEMENT

made as of the 20th day of May in year of 2015
BETWEEN the COUNTY: Board of County Commissioners, Lee County,
Florida and the CONTRACTOR:

A+ Electric LLC
2712 NW 3rd Avenue
Cape Coral, FL 33993

Check Appropriate Line:

Individual
Partnership
☒ Incorporated in the
State of FL

Name and Address

in consideration of the mutual covenants herein set forth, agree as follows:

ARTICLE 1. WORK

The CONTRACTOR shall perform all the work required by the Contract Documents:

Scope of Work: Lee County Board of County Commissioners is requesting Qualification Statements from interested electrical contractors who will perform work on an "as need" basis. The contractors will be performing new electrical installations and repairs at LCU's water, wastewater, distribution, collections, or other designated County systems. This contract will include minor electrical material to complete the electrical repair or installation. One or more contractors may be selected. This contract will have two levels of services and qualifications.

in full accordance with the drawings and as elaborated in the specifications.

PROJECT NAME: RFQ150161 Electrical Contractors Continuing Contract

LOCATION: Lee County, Florida

ARTICLE 2. AMOUNT OF CONTRACT

2.1 The COUNTY shall pay the CONTRACTOR in current funds for the performance of the work, subject to additions and deductions by Change Order as provided in the Contract Documents, the sum specified by each project received under this Contract.

CONSTRUCTION CONTRACT
ARTICLE 3. PROGRESS PAYMENTS

Based upon Applications for payment submitted to the OWNER'S Representative by the CONTRACTOR, and Certificates for Payment issued by the OWNER'S Representative, the COUNTY shall make progress payments on account of the Contract Price to the CONTRACTOR as provided in the Contract Documents as follows:

3.1 Not later than fifteen (15) calendar days following the approval of an Application for payment, ninety percent (90%) of the portion of the Contract Price properly allocated to labor, materials and equipment incorporated in the work and ninety percent (90%) of the portion of the Contract Price properly allocated to materials and equipment suitably stored at the site or at some other location agreed upon in writing, for the period covered by the application for payment, less the aggregate of previous payments made by the COUNTY.

3.1.1 At the discretion of the project manager, department director and final authorization by the Public Works Director, once the project reaches 50% completion and the County is holding 5% of the total contract amount, no further retainage may be withheld from the subsequent monthly invoices, provided however, that the project is on schedule. At any time the project falls behind schedule, the County retains the exclusive right to revert back to the original contract terms, by withholding the full 10% retainage, until the project is back on schedule or the project is completed.

3.2 Upon final completion of the work and acceptance of the project, a sum sufficient to increase the total payments to one hundred percent (100%) of the Contract Price, less such amounts as the COUNTY shall determine for all incomplete work, unsettled claims or unused units as provided in the Contract Documents.

ARTICLE 4. CONTRACT DOCUMENTS

This Contract entered into this date by the Lee County Board of County Commissioners and the CONTRACTOR. WITNESSETH that the parties hereto do mutually agree as follows:

The CONTRACTOR shall furnish all labor, equipment, and materials and perform the work above described for the amount stated above in strict accordance with the General Conditions, Supplementary Information, Plans and Specifications and other Contract Documents, all of which are made a part hereof as if attached and enumerated as follows:

4.1 Lee County Request for Bids/Project Manual Titled: Electrical Contractors Continuing Contract

DATED: 2/27/15

4.1.1 Contractors Bid Proposal Dated 3/11/15, ATTACHED AS EXHIBIT "A"

4.2 Project Drawings consisting of the following sheets listed by title and date:

ARTICLE 4. CONTRACT DOCUMENTS (Continued)

4.3 Public Payment and Performance Bond

4.4 Certificate of Insurance

4.5 Notice of Award

4.6 Addenda

4.7 Documentation submitted by the CONTRACTOR prior to the Notice of Award:

4.8 The following which may be delivered or issued after the effective date of the Agreement and are not attached hereto: All written amendments and other documents amending, modifying or supplementing the Contract Documents pursuant to paragraph 5.6 and 5.7 of the General Conditions (Part F of the Bid Documents).

ARTICLE 5. TIME OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

5.1 Work to be started on the date specified in the Official Notice to Proceed.

5.2 Substantial completion shall be achieved not later than the number of days specified in the Bid Proposal.

5.3 Final completion shall be achieved not later than the number of days specified in the Bid Proposal.

Liquidated Damages:

5.4 The COUNTY and CONTRACTOR recognize that time is of the essence of this agreement and that the COUNTY will suffer financial loss if the work is not completed within the times specified in 5.2 and 5.3 above, plus any extensions thereof allowed by Change Order. They also recognize the delays, expense, and difficulties involved in proving in a legal proceeding the actual loss suffered by the COUNTY if the work is not completed on time. Accordingly, instead of requiring any such proof, COUNTY and CONTRACTOR agree that as Liquidated Damages for delay (but not as a penalty) the sum of \$ per day shall be deducted from monies due the CONTRACTOR or paid by the CONTRACTOR to the COUNTY for each calendar day that expires after the time specified for Substantial Completion and the project fails to reach Substantial Completion. The CONTRACTOR shall also be liable for any Actual Damages sustained by the COUNTY due to the CONTRACTOR'S failure to fully complete the work by the time agreed upon for Final Completion in the Contract Documents. Actual Damages may include, but not be limited to: costs related to supervision, inspection, rentals, testing, consulting fees, or lost productivity. The COUNTY shall have the right to deduct all damages due from the final payment request as well as retainage. However, prior to deducting liquidated damages, the COUNTY shall give the CONTRACTOR seven (7) calendar days notice prior to submitting the adjusted amount due to the Clerk for payment.

CONSTRUCTION CONTRACT

ARTICLE 6. MISCELLANEOUS PROVISIONS

6.1 Final payments, constituting the entire unpaid balance of the Contract Price shall be paid by the COUNTY to the CONTRACTOR when the work has been completed, the Contract fully performed, and a final Certificate for Payment, form No. CMO:013, has been approved by the COUNTY.

6.2 Terms used in the Agreement which are defined in the General Conditions of the Contract (Part F of the Bid Documents) shall have the meaning designated in those conditions.

6.3 The COUNTY and CONTRACTOR each binds himself, his partners, successors, assigns and legal representatives to the other party hereto, his partners, successors, assigns, and legal representatives in respect to all covenants, agreements, and obligations contained in the Contract Documents.

6.4 The CONTRACTOR shall not assign or transfer any of its rights, benefits, or obligations, except for transfer that result from transfer or consolidation with a third party, without the prior written approval of the COUNTY. The CONTRACTOR shall have the right to employ other persons and/or firms to serve as sub-contractors in connection with the requirements of the Contract Documents.

6.5 The CONTRACTOR agrees through the signing of this agreement by an authorized party or agent that he shall hold harmless and defend the County of Lee and its agents and employees from all suits and action, including attorney's fees, and all cost of litigation and judgements of every name and description arising out of and incidental to the performance of this Contract Document or work performed thereunder, whether or not due to or caused by negligence of the COUNTY, excluding only the sole negligence of the COUNTY. This provision shall also pertain to any claims brought against the COUNTY by any employee of the CONTRACTOR, or sub-contractor(s), or anyone directly or indirectly employed by any of them. The CONTRACTOR'S obligation under this provision shall not be limited in any way to the agreed upon Contract Price as shown in this agreement or the CONTRACTOR'S limit of or lack of sufficient insurance protection.

CONSTRUCTION CONTRACT

In witness whereof, COUNTY and CONTRACTOR have signed this agreement in duplicate. One counterpart has been retained by the Clerk of the Board of County Commissioners, one to the Project Sponsoring Department, and one part each has been delivered to the Lee County Procurement Management, and the CONTRACTOR. All portions of the Contract Document have been signed or identified by COUNTY and CONTRACTOR, or by COUNTY'S CONSULTANT on their behalf.

signed, sealed, and delivered in the presence of:


Secretary

(Corporate Seal)

A+ Electric LLC

(Correct Name of Business)

BY: 

Owner

Title

Date: 05/20/2015

LINDA DOGGETT
CLERK OF CIRCUIT COURT

BOARD OF COUNTY COMMISSIONERS OF
LEE COUNTY, FLORIDA

ATTEST: Clerk of the Board

BY: 

Deputy Clerk

BY: 

Chair

Date: 5/19/15

APPROVED as to Form for the Reliance of Lee
County Only

BY: 

Assistant County Attorney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lykes Insurance, Inc. P.O. Box 60043 Fort Myers FL 33906-6043		CONTACT NAME: Yenitza Guzman PHONE (A/C No, Ext): 239-931-3024 FAX (A/C, No): E-MAIL ADDRESS: yguzman@lykesinsurance.com	
INSURED A+Electric, LLC 2712 NW 3rd Ave Cape Coral FL 33993		INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Insurance Co. INSURER B: Technology Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
APLUS-3		NAIC # 10190 42376	

COVERAGES**CERTIFICATE NUMBER:** 1171926143**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	20104097	2/26/2015	2/26/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		20104097	2/26/2015	2/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	TWC3462488	3/2/2015	3/2/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Lee County BOCC, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials is listed as additional insured with respects to General Liability per form 55170.

CERTIFICATE HOLDER

Lee County BOCC
PO Box 398
Fort Myers FL 33902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**COMMERCIAL GENERAL LIABILITY
55170 (12-04)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISIONS - PERMITS RELATING TO PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

State or Political Subdivision:
LEE COUNTY BOCC

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any state or political subdivision shown in the Schedule, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

1. The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoistway openings, sidewalk vaults, street banners, or decorations and similar exposures; or

2. The construction, erection, or removal of elevators; or
3. The ownership, maintenance, or use of any elevators covered by this insurance.

- B. Under SECTION III - LIMITS OF INSURANCE**, the following is added:

The limits of liability for the additional insured are those specified in the written contract or agreement between the insured and the state or political subdivision, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
05/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm CHRISTY MICHALEC AGENCY, LLC 1242 SW PINE ISLAND RD, SUITE 48 CAPE CORAL, FL 33991		CONTACT NAME: CHRISTY MICHALEC PHONE (A/C, No, Ext): 239-541-4800 FAX (A/C, No): 239-772-9396 E-MAIL ADDRESS: CHRISTY.MICHALEC.P002@STATEFARM.COM PRODUCER CUSTOMER ID #: P030486	
INSURED A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33993		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178 INSURER B: INSURER C: INSURER D: INSURER E:	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2001	MAKE / MANUFACTURER FORD	MODEL F450	BODY TYPE BUCKET TRUCK	VEHICLE IDENTIFICATION NUMBER 1FDXF46S71EB54864
DESCRIPTION COMMERCIAL USE				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADOL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	938 7231-A03-59D	01/03/2015	07/03/2015	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	938 7231-A03-59D	01/03/2015	07/03/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	938 7231-A03-59D	01/03/2015	07/03/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input type="checkbox"/> PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

- ☒ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).
A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

LCBOCC
PO BOX 398
FORT MYERS, FL 33902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

☒ ADDITIONAL INSURED ☐ LOSS PAYEE
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
05/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER CHRISTY MICHALEC AGENCY, LLC 1242 SW PINE ISLAND RD, SUITE 46 CAPE CORAL, FL 33991		CONTACT NAME: CHRISTY MICHALEC PHONE (A/C, No, Ext): 239-541-4800 FAX (A/C, No): 239-772-9396 E-MAIL ADDRESS: CHRISTY.MICHALEC.P002@STATEFARM.COM PRODUCER CUSTOMER ID #: P030486	
INSURED A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33993		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC # 25178	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2007	MAKE / MANUFACTURER DODGE	MODEL 2500	BODY TYPE VAN	VEHICLE IDENTIFICATION NUMBER WD0PE745575163407
DESCRIPTION COMMERCIAL USE				SERIAL NUMBER

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDITIONAL INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	C34 2261-D30-59C	04/30/2015	10/30/2015	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	C34 2261-D30-59C	04/30/2015	10/30/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC	C34 2261-D30-59C	04/30/2015	10/30/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST**CANCELLATION**

Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST LCBOCC PO BOX 398 FORT MYERS, FL 33902		<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <input type="checkbox"/> LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE 	

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ACORD 23 (2010/05)

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1004361 142987.2 01-28-2013



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
05/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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INSURED A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33993	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC #: 25178 INSURER B: INSURER C: INSURER D: INSURER E:

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2013	MAKE / MANUFACTURER NISSAN	MODEL NV200	BODY TYPE VAN	VEHICLE IDENTIFICATION NUMBER 3N6CM0KN4DK692611
DESCRIPTION COMMERCIAL USE				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	C49 9810-B21-59B	02/21/2015	08/21/2015	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE \$ 1,000,000
		GENERAL LIABILITY				EACH OCCURRENCE \$ GENERAL AGGREGATE \$
		<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE				
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	C49 9810-B21-59B	02/21/2015	08/21/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	C49 9810-B21-59B	02/21/2015	08/21/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 500 DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL				

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST:	LEASED <input type="checkbox"/> FINANCED <input type="checkbox"/>	DESCRIPTION OF THE ADDITIONAL INTEREST
NAME AND ADDRESS OF ADDITIONAL INTEREST LCBOCC PO BOX 398 FORT MYERS, FL 33902		<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
05/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER StateFarm CHRISTY MICHALEC AGENCY, LLC 1242 SW PINE ISLAND RD, SUITE 46 CAPE CORAL, FL 33991		CONTACT NAME: CHRISTY MICHALEC PHONE (A/C, No, Ext): 239-541-4800 FAX (A/C, No): 239-772-9396 E-MAIL ADDRESS: CHRISTY.MICHALEC.PQ02@STATEFARM.COM PRODUCER CUSTOMER ID #: P030486	
INSURED A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33993		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC # 25178	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2014	MAKE / MANUFACTURER DODGE	MODEL PROMASTER	BODY TYPE VAN	VEHICLE IDENTIFICATION NUMBER 3C6TRVDG3EE116578
DESCRIPTION COMMERCIAL USE				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	322 4040-D16-59I	04/16/2015	10/16/2015	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	322 4040-D16-59I	04/16/2015	10/16/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	322 4040-D16-59I	04/16/2015	10/16/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input type="checkbox"/> PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
VEHICLE / EQUIPMENT INTEREST:	<input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST LCBOCC PO BOX 398 FORT MYERS, FL 33902		<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE	
		LOAN / LEASE NUMBER	
		AUTHORIZED REPRESENTATIVE 	

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ACORD 23 (2010/05)

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1004361 142987.2 01-28-2013

A+ Electric, LLC.

RFQ NO.: RFQ150161

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED BIDDER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS BID WITH OTHER BIDDERS AND HAS NOT COLLUDED WITH ANY OTHER BIDDER OR PARTIES TO A BID WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIALS (AS APPLICABLE).

FIRM NAME: A+ Electric LLC

BY (Printed): Michael Alcorn

BY (Signature): 

TITLE: Owner

FEDERAL ID # OR S.S.# 26-0701724

ADDRESS: 2712 NW 3rd Ave

Cape Coral, Florida 33993

PHONE NO.: 239 574 5858

FAX NO.: 239 574 5747

CELLULAR PHONE/PAGER NO.: 239 314 4309 Mike / 239 314 4308 Robyn

DUNS#: n/a

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER:
0801742

E-MAIL ADDRESS: aplusinbox@gmail.com

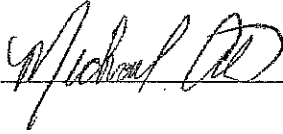
DISADVANTAGED BUSINESS ENTERPRISE (DBE): Yes ☒ No

A+ Electric, LLC.

RFQ NO.: RFQ150161

NOTE REQUIREMENT: IT IS THE SOLE RESPONSIBILITY OF THE VENDOR TO CHECK LEE COUNTY PROCUREMENT MANAGEMENT WEB SITE FOR ANY PROJECT ADDENDA ISSUED FOR THIS PROJECT. THE COUNTY WILL POST ADDENDA TO THIS WEB PAGE, BUT WILL NOT NOTIFY.

The undersigned acknowledges
receipt of Addenda numbers:



This is in response to: (Check which applies)

Level 1: ☒

Level 2: ☐

Both: ☐


AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: RFQ 150161 PROJECT NAME: Electrical Contractors Continuing Contract

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

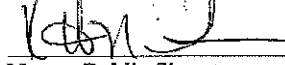
LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.

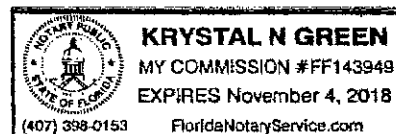
BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).


 Company Name: A+ Electric LLC
 Signature Title Date
 owner 03/11/15

STATE OF Florida
COUNTY OF Lee

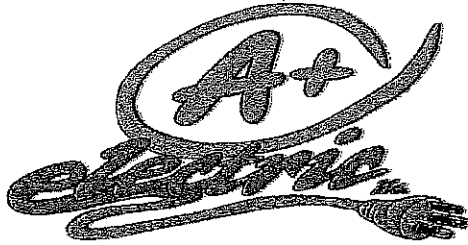
The foregoing instrument was signed and acknowledged before me this 12 day of March 2014 by Michael Alcorn who has produced
 (Print or Type Name)
Personally known as identification.
 (Type of Identification and Number)


 Notary Public Signature
Krystal N. Green
 Printed Name of Notary Public



November 4, 2018
 Notary Commission Number/Expiration

The signer of this Affidavit guarantee, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**



2712 NW 3rd Avenue Cape Coral, Fla. 33993

Ph (239) 574-5858 / Fax (239) 574-5747

EC13003704

aplusinbox@gmail.com

RFQ 150161

Electrical Contractors Annual Contract

Company Information

A+ Electric, LLC.

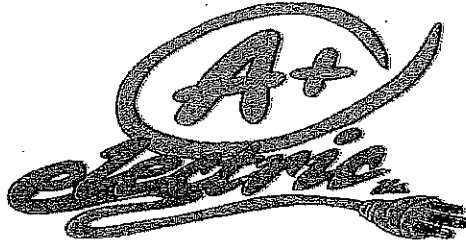
Contact Person: Michael Alcorn

Office Manager: Robyn Loges

Phone (239) 574-5858

Fax (239) 574-5747

Email: aplusinbox@gmail.com



2712 NW 3rd Avenue Cape Coral, Fla. 33993

Ph (239) 574-5858 / Fax (239) 574-5747

EC13003704

aplusinbox@gmail.com

EXPERIENCE

A+ Electric, LLC. is a small state certified electrical contracting company generally consisting of about 6 employees, established in 2007. We primarily operate in Southwest Florida, however we have performed numerous jobs throughout the state. Michael Alcorn, the current owner also holds a Florida General Contractor License and an Electrical license in North and South Carolina.

We have experience working with local government entities which include but are not limited to, Lee, Collier, Charlotte, Hendry, Sarasota and Dade County. Services provided include commercial and residential construction, repair, maintenance and restoration. Many of our jobs require procedures regarding work in secure facilities.

REFERENCES

Project name: Florida Power and Light

Contact: Jay Averill (239) 997-3293

Company: Associated Construction and Development, Inc.

For approximately 7 years we have performed electrical services including: LED light retro projects, lift station service work, conduit/wiring and maintenance of parking lot pole lights, electrical to gates and garage doors, interior and exterior lighting maintenance, conduit/wiring for generator feeds, installation of automatic transfer switches.

Total Projects \$ 140,339 / year

Project Name: Bank of America

Contact: Jay Averill (239) 997-3293

Company: Associated Construction and Development, Inc.

Electrical service work on an as needed basis for repairs to interior and exterior lighting, parking lot poles, signs.

Total Projects \$ 87,236 / year

A+ Electric, LLC.

RFQ 150161

REFERENCES Continued

Project: WildCat Run Lift station installs

Contact: John Post (239) 652-6115

Company: Lee County Utilities

Provided electrical wiring as needed for new lift station installs including service racks.

Total Project \$ 24,500 approx

Project: Metro PCS

Contact: Joe Schehr (239) 770-4419

Company: Schehr Construction

Provided all required electrical wiring and conduit as needed for installing Rescue 21 onto existing Metro towers.

Total Project \$ 54,071

LARGEST PROJECT

Project: Naples Bath & Tennis Bldg 1 & 2

Contact: (239) 261-1422

Company: Fireservice

Provided electrical services as needed for fire / smoke damage restoration to multiple units.

Total Project \$ 93,439

PERSONNEL AND EQUIPMENT

A+ Electric, LLC. currently has two electricians and one lead electrician, we also employ two helpers. Together our employees have 75 years experience combined in the electrical trade. Our scope of operations include construction, repair and maintenance services. We can respond to emergency service within two hours of notification including holidays or weekends.

We have electronic locating equipment to detect underground line breaks in electrical circuits and feeds. We also have bucket truck service available for lighting maintenance and other services. If needed larger equipment can be rented on as needed basis such as, backhoes, trenchers, large generators.

EMERGENCY RESPONSE

Emergency Response Contact:

Michael Alcorn or Robyn Loges

Emergency Service:

Will be provided within two hours

A+ Electric, LLC.

RFQ 150161

CONTRACTOR LICENSE(S) – see attached

FINANCIAL QUALIFICATIONS – see attached

CERTIFICATES OF INSURANCE

- a. Worker's Compensation – see attached
- b. Commercial General Liability – see attached
- c. Business Automotive Policy – see attached

SAFETY PLAN Table of Contents – see attached

Scope of Work

The electrical contractor will perform work on an "as need" basis for Lee County Utilities Division (LCU). These projects will be assigned by the division Electrical Systems Manager or designee. The contractors will be performing electrical installations and repairs at LCU's water, waste water, distribution, collections, or other designated County systems. This contract will include minor electrical to complete the electrical repair or installation. The County will purchase any major equipment to be installed and the contractor will provide the labor and minor material to complete the work. The Electrical Systems Manager or designee, shall determine and identify the extent of County purchased items prior to commencement of work. Additionally, the electrical contractor may be called in for emergency basis at anytime of the day or night of the week. Including holidays. The electrical contractor will provide LCU with phone numbers of their emergency personnel who will be responsible for emergency services work. The electrical contractor will work on a time and material basis for emergencies at a set rate by the RFQ contract.

A. Electrician	Regular Hourly Rate \$	<u>65.00</u>	Overtime \$	<u>97.50</u>
B. Helper	Regular Hourly Rate \$	<u>45.00</u>	Overtime \$	<u>90.00</u>

A+ Electric, LLC

RFQ 150161

03/23/15.

RICK SCOTT GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER

EC13002704

The ELECTRICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2016

ALCORN, MICHAEL W
A+ ELECTRIC LLC
2712 NW 3RD AVE
CAPE CORAL FL 33903



ISSUED 09/02/2014

DISPLAY AS REQUIRED BY LAW

SFO # L1405020001938



LEE COUNTY LOCAL BUSINESS TAX RECEIPT
2014 - 2015

ACCOUNT NUMBER: 0801742

ACCOUNT EXPIRES SEPTEMBER 30, 2015

Location

2712 NW 3RD AVE
CAPE CORAL FL 33903

A+ ELECTRIC LLC

ALCORN MICHAEL W
2712 NW 3RD AVE
CAPE CORAL FL 33903

May engage in the business of:

CERTIFIED ELECTRICAL CONTRACTOR

THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

THIS IS NOT A BILL - DO NOT PAY

PAID 365237-00-1

10/10/2014 01:15

WEB

\$55.00

Financial Qualifications



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lykes Insurance, Inc. P.O. Box 60043 Fort Myers FL 33906-6043		CONTACT NAME: Yanitza Guzman PHONE (A/C No. Ext): 239-931-3024 FAX (A/C No.): E-MAIL: yguzman@lykesinsurance.com ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Southern Owners Insurance Co.	10190
		INSURER B: Technology Insurance Company	42376
		INSURER C: Auto-Owners Insurance	18988
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
 A+Electric, LLC
 2712 NW 3rd Ave
 Cape Coral FL 33993

COVERAGES

CERTIFICATE NUMBER: 539607936

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR INVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	20104097	2/26/2015	2/26/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		20104097	2/26/2015	2/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		4941975200	2/26/2015	2/26/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 Prod/Comp/Ops Aggr \$4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	TW03462488	3/2/2015	3/2/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Lee County BOCC is listed as additional insured with respects to General Liability per form 55170.

CERTIFICATE HOLDER

CANCELLATION

Lee County BOCC PO Box 398 Fort Myers FL 33902	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

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ACORD 25 (2010/05)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2015

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PRODUCER Lykes Insurance, Inc. P.O. Box 60043 Fort Myers FL 33906-6043		CONTACT NAME: Yenitza Guzman PHONE (A/C No. Ext): 239-931-3024 FAX (A/C No.): E-MAIL: ADDRESS: yguzman@lykesinsurance.com	
INSURED A+Electric, LLC 2712 NW 3rd Ave Cape Coral FL 33993		INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Insurance Co. NAIC # 10190 INSURER B: Technology Insurance Company 42376 INSURER C: Auto-Owners Insurance 18988 INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 539607936

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	20104097	2/26/2015	2/26/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGS \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		20104097	2/26/2015	2/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		4941975200	2/26/2015	2/26/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 Prod/Comp/Ops Aggr \$4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	TWC3462468	3/2/2015	3/2/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Lee County BOCC is listed as additional insured with respects to General Liability per form 55170.

CERTIFICATE HOLDER**CANCELLATION**Lee County BOCC
PO Box 398
Fort Myers FL 33902

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
03/17/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm Christy Michalec Agency, LLC 1242 SW Pine Island Rd, Unit #46 Cape Coral, FL 33901		CONTACT NAME: Christy Michalec PHONE (A/C, H, Ext): (239) 541-4800 FAX (A/C, H): (239) 772-9395 E-MAIL ADDRESS: christy.michalec@statefarm.com PRODUCER CUSTOMER ID#: P030486	
INSURED: A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33903-8706		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC# 25178	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2007	MAKE / MANUFACTURER DODGE	MODEL 2500	BODY TYPE VAN	VEHICLE IDENTIFICATION NUMBER WD0PE745575163407
DESCRIPTION				SERIAL NUMBER

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDITIONAL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	C34 2251-D30-58C	03/17/2015	10/30/2015	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	C34 2251-D30-59C	03/17/2015	10/30/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH QLT	C34 2251-D30-59C	03/17/2015	10/30/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input type="checkbox"/> PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

☒ The additional interest described below has been added to the policy(ies) listed (twice by policy number).
A request has been submitted to add the additional interest described below to the policy(ies) listed (twice by policy number).

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

Lee County Board of County Commissioners
P.O. Box 398
Fort Myers, FL 33902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

☒ ADDITIONAL INSURED ☐ LOSS PAYEE
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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ACORD 23 (2010/05)

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1004351 142387 2 01-28-2013



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
03/17/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER State Farm Christy Michalec Agency, LLC 1242 SW Pine Island Rd, Unit #46 Cape Coral, FL 33991		CONTACT NAME: Christy Michalec PHONE (A/C, No, Ext): (239) 541-4800 FAX (A/C, No): (239) 772-9396 E-MAIL ADDRESS: christy.michalec.p002@statefarm.com PRODUCER CUSTOMER I.D.#: P030486	
INSURED A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33993-8706		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		SAIC # 25178	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2014	DODGE	PROMASTER	VAN	3C6TRVDG3EE116578
DESCRIPTION				SERIAL NUMBER

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADOL INSURD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	322 4040-D16-59I	03/17/2015	10/16/2015	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	322 4040-D16-59I	03/17/2015	10/16/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 500 DED
	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC	322 4040-D16-59I	03/17/2015	10/16/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 500 DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST**CANCELLATION**

Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902		<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE	



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
03/17/2015

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PRODUCER State Farm Christy Michalec Agency, LLC 1242 SW Pine Island Rd, Unit #48 Cape Coral, FL 33991		CONTACT NAME: Christy Michalec PHONE (A/C, No. Ext): (239) 541-4800 FAX (A/C, No.): (239) 772-9396 E-MAIL ADDRESS: christy.michalec.p0q2@statefarm.com PRODUCER CUSTOMER ID #: P030486	
INSURED A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33993-8706		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC # 25178	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2001	MAKE / MANUFACTURER FORD	MODEL F450	BODY TYPE BUCKET	VEHICLE IDENTIFICATION NUMBER 1FDXF46S71EB54864
DESCRIPTION				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDL INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	938 7231-A03-59D	01/21/2015	07/03/2015	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	938 7231-A03-59D	01/21/2015	07/03/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	938 7231-A03-59D	01/21/2015	07/03/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input type="checkbox"/> PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

- ☒ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).
A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

Lee County Board of County Commissioners
P.O. Box 398
Fort Myers, FL 33902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

☒ ADDITIONAL INSURED ☐ LOSS PAYEE
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
03/17/2015

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	PHONE (A/C No. Ext.): (239) 541-4800	FAX (A/C No.): (239) 772-9398	
	E-MAIL ADDRESS: christy.michalec.p002@statefarm.com		
	PRODUCER CUSTOMER ID #: P030486		
INSURED A+ ELECTRIC LLC 2712 NW 3RD AVE CAPE CORAL, FL 33993-8706	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Farm Mutual Automobile Insurance Company		25178
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

YEAR 2013	MAKE / MANUFACTURER NISSAN	MODEL NV200	BODY TYPE VAN	VEHICLE IDENTIFICATION NUMBER 3N6CM0KN4DK892611
DESCRIPTION				SERIAL NUMBER

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).							
INSR LTR	ADOL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	C49 9810-B21-59B	02/21/2015	08/21/2015	COMBINED SINGLE LIMIT \$	
						BODILY INJURY (Per person) \$ 1,000,000	
						BODILY INJURY (Per accident) \$ 1,000,000	
						PROPERTY DAMAGE \$ 1,000,000	
		GENERAL LIABILITY				EACH OCCURRENCE \$	
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE \$	
		<input type="checkbox"/> CLAIMS MADE				\$	
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	C49 9810-B21-59B	02/21/2015	08/21/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT	
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ 500 DED	
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	C49 9810-B21-59B	02/21/2015	08/21/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT	
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ 500 DED	
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT	
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED	
		<input type="checkbox"/> SPECIAL					
REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

ADDITIONAL INTEREST		CANCELLATION	
Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
VEHICLE / EQUIPMENT INTEREST:	<input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902		<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE	
		LOAN / LEASE NUMBER	
		AUTHORIZED REPRESENTATIVE 	

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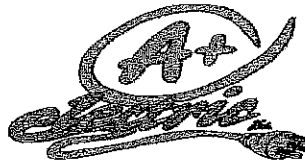


TABLE OF CONTENTS

INTRODUCTION	2
PURPOSE	2
SCOPE	2
RESPONSIBILITIES	2
SAFETY MANAGERS/COORDINATORS	3
SUPERVISORS	3
EMPLOYEES	3
TRAINING	3
REQUIREMENTS	3
<i>Qualified Electrical Worker</i>	3
PERSONAL PROTECTIVE EQUIPMENT	4
GENERAL REQUIREMENTS	4
FLAME-RESISTANT APPAREL	6
RUBBER INSULATING EQUIPMENT	6
INSULATED TOOLS AND MATERIALS	7
ENTRY RESTRICTIONS	7
PORTABLE ELECTRICAL EQUIPMENT AND EXTENSION CORDS	8
TEMPORARY WIRING	9
WET AREAS	10
WORKING ON DE-ENERGIZED EQUIPMENT	11
ELECTRICALLY SAFE CONDITION	11
LOCKOUT/TAGOUT PROGRAM	12
VEHICULAR AND MECHANICAL EQUIPMENT	12
ELEVATED EQUIPMENT	12
EQUIPMENT CONTACT	12
EQUIPMENT GROUNDING	13
WORKING ON OR NEAR ENERGIZED EQUIPMENT	13
ENERGIZED ELECTRICAL WORK PERMIT	13
APPROACH DISTANCES TO EXPOSED LIVE PARTS	14
OTHER PRECAUTIONS	15
ENERGIZED ELECTRICAL EQUIPMENT SAFETY PROGRAM	15
EQUIPMENT LABELING	15
CONTRACTOR EMPLOYEES	17
APPENDIX	18
IMPLEMENTATION PROCEDURES FOR ARC FLASH CONSIDERATIONS	18
ARC FLASH HAZARD ANALYSIS	18
APPROACH BOUNDARIES TO LIVE PARTS FOR SHOCK PREVENTION	19

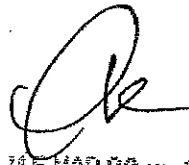
DISPATCH UNIT

Frank Mann
District Five

Karen B. Hawes
County Manager

David M. Owen
County Attorney

Diana M. Parker
County Hearing
Examiner



15 MAR 20 AM 9:28

At Electric LLC

RFQ 157161

LEE COUNTY
PROFESSIONAL SERVICE AGREEMENT/SERVICE PROVIDER AGREEMENT
INVOICE STATEMENT

CN No.: _____ Contract No.: _____ Date: _____
Project No.: _____
Payment No.: _____ (☐ W.I.P.P. ☐ Final) for Period _____ to _____

Project Name: _____

Attachments ☐ Yes ☐ No

PAYEE: Consultants Name: _____
Mailing Address: _____
City & State _____ ZIP CODE _____

INSTRUCTIONS

Warrant will be mailed to Consultant's mailing address given, unless special instructions are provided to the immediate left of these instructions.

Deliver Warrant: _____ Special Instructions - If Other than Mail _____

CONTRACTUAL FINANCIAL DATA

ORIGINAL PSA/SPA Amount

PLUS:	Change Order # _____	dated _____	\$ _____		\$ _____
	Change Order # _____	dated _____	\$ _____		
	Change Order # _____	dated _____	\$ _____		
	S.T.A. # _____	dated _____	\$ _____		
	S.T.A. # _____	dated _____	\$ _____		
	S.T.A. # _____	dated _____	\$ _____		

Total Change Orders/S.T.A. ADDING to cost of Agreement \$ _____

LESS:	Change Order # _____	dated _____	\$ _____		
	Change Order # _____	dated _____	\$ _____		
	Change Order # _____	dated _____	\$ _____		
	S.T.A.# _____	dated _____	\$ _____		
	S.T.A. # _____	dated _____	\$ _____		
	S.T.A. # _____	dated _____	\$ _____		

Total Change Orders/S.T.A. SUBTRACTING from cost of Agreement. \$ _____

Total Amount of Current PSA/SPA. \$ _____

Total Amount Completed to Date. \$ _____

Less Amounts Previously Invoiced \$ _____

Amount of this Invoice. \$ _____

Total Amount Paid to DBE's from above \$ _____

Name of DBE(s): _____

Signed Project Manager: _____ Date: _____

Approved Dept/Div Director: _____ Date: _____

Approved Fiscal Person: _____ Date: _____

Date: 5/27/15

LEE COUNTY CONTRACT DOCUMENTS

Tracking #: 20150216
7136

ENDORSEMENT FORM

AWARDEE NAME: A+ Electric LLC

PROJECT NAME: Electrical Contractors Continuing Contract

SOLICITATION NO.: RFQ150161 BOARD AWARD DATE 5/19/2015

PROJECT COST _____ PROJECT DURATION _____

(2 Originals Attached)

ENCLOSURES

- ☒ Contract/Agreement
☐ Addendum
☐ Public Payment and Performance Bond
☒ Certificate of Insurance
☒ Workers Compensation
☒ General Liability
☒ Business Auto Liability
☐ All Risk Builders Risk
☐ Other Excess Liability
☒ Copy of Insurance Requirements for this Contract

Type: Construction

Phase: _____

Comment: _____

Dated: 3/2/2016

Dated: 2/26/2016

Dated: 2/26/2016

Dated: _____

Dated: _____

2015 MAY 29 AM 9:16
RECEIVED BY
LEE CO. ATTORNEY
[Signature]

RISK MANAGEMENT

I have reviewed the above Certificate(s) of Insurance submitted and find that all of the insurance requirements of the Contract Documents have been complied with in their entirety:

Yes ☒ No ☐

If No, indicate what requirements are not met: _____

Date Received: May 28, 15

Date Returned May 29, 15

Signed: *[Signature]*

PLEASE APPROVE AND FORWARD CONTRACT DOCUMENTS TO COUNTY ATTORNEY'S OFFICE FOR EXECUTION. IF NOT APPROVED PLEASE FORWARD ALL DOCUMENTS BACK TO PROCUREMENT MANAGEMENT FOR CORRECTION.

COUNTY ATTORNEY'S OFFICE

I have reviewed the above Contract Documents and Public Construction Bond submitted and find them to be legally sufficient.

Yes ☒ No ☐

If No, indicate what requirements are not met: _____

Date Received: 5-29-15

Date Returned 5-29-15

Signed: *[Signature]*

PLEASE APPROVE AND FORWARD CONTRACT DOCUMENTS TO CHAIRMAN OF THE BOARD FOR FINAL EXECUTION.

CHAIRMAN

Please execute the attached Contract Documents and all copies. After it has been completed by you, please forward directly to the Procurement Management

Date Received: _____

Date Forwarded _____

MINUTES DEPARTMENT

Please attest to the attached Contract Documents. After it is completely executed, please retain one original and return the remaining copies along with this endorsement form to Procurement Management.

Date Received: 6/1/15 *[Signature]*

Date Forwarded 6/2/15

Blue Sheet No. 20150216	Lee County Board Of County Commissioners Agenda Item Report Meeting Date: 5/19/2015	Item No. 18
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TITLE:

Provide the County with qualified contractors for Electrical Contractors Continuing Contract.

ACTION REQUESTED:

- A) Concur with the selection by the Qualifications Selection Committee for RFQ150161, ELECTRICAL CONTRACTORS CONTINUING CONTRACT, and authorize staff to negotiate on a project-by-project basis with the following seven (7) Contractors: A+ Electric LLC; Britannia Electric, Inc.; Cheslosky Electric, Inc.; Cogburn Bros, Inc.; Gulf States Electric, Inc.; Technical Management Associates, Inc.; and Simmonds Electrical of Naples Inc.; with a total annual expenditure amount not-to-exceed \$900,000.00, cumulatively for all awarded contractors, for a contract period of one year with an option to renew for four additional one-year periods, upon mutual agreement of both parties.
- B) Delegate authority, solely to the County Manager, to approve project awards in excess of \$100,000 provided the cumulative annual expenditure for all projects does not exceed the annual total \$900,000.00.
- C) Projects will only be awarded under this contract if the estimated construction cost is less than \$300,000; projects of \$300,000 or more must be subject to a separate sealed bid process per statutory requirements.
- D) Grant the Procurement Director with County Administration approval the authority to renew this agreement for four additional one-year periods, at the same terms and conditions, if doing so is in the best interest of Lee County.
- E) Authorize the Chair to execute contracts on behalf of the Board upon receipt.

FUNDING:

LCU estimates annual expenditures of approximately \$900,000 for this project. These services are funded from the Enterprise Fund, and they are included in the LCU FY14/15 Operating and Capital Improvements Budgets.

The annual contract may be renewed for up to four additional one-year periods, with an total expenditure limit of \$900,000 each year. Funds will be available each year from the LCU Operating and Capital Improvements Budgets.

Funds: Lee County Utilities Operating and Capital Improvements Funds; Programs – Water Treatment Plants, Wastewater Treatment Plants, Wastewater Collection and Capital Projects; Other Contracted Services, Furniture and Equipment.

Funds are available in account strings: OD5360148700.503490, OD5360448700.503490, OD5360548700.503490, OD5361848700.503490, OD5361948700.503490, OD5362048700.503490, OD5362448700.503490, OD5362748700.503490, OD5362848700.503490, OD5362948700.503490, OD5363148700.503490, OD5365148700.503490, 20713848730.506410, 20714948730.506410, 20726848730.506410, 20744448730.506410, 40731748720.503490, 40743948730.503490, 40760348720.503490.

WHAT ACTION ACCOMPLISHES:

This item provides Lee County Utilities with seven (7) contractors to perform work on an "as needed" basis. The contractors will be performing electrical installations and repairs at LCU's water, waste water,

Required Review:					
Pam Keyes	Reginald Kantor	Mike Figueroa	Corris L. McIntosh Jr.	Peter Winton	Doug Meurer
UTILITIES	Budget Analyst	Risk	County Attorney	Budget Services	County Manager

distribution, collections, or other designated County systems. This contract will include minor electrical materials to complete the electrical repair or installation. This is an annual contract with the option to renew for up to four additional one-year periods, and has an annual expenditure not-to-exceed \$900,000.

MANAGEMENT RECOMMENDATION:

Approve

Requirement/Purpose: (specify)

- ☐ Statute
☐ Ordinance
☒ Admin Code AC-4-4
☐ Other

Request Initiated

Commissioner:
Department: UTILITIES
Division: No Divisions
By: Pam Keyes

Background:

Letters of Qualifications were solicited on behalf of the Board of County Commissioners for RFQ150161, ELECTRICAL CONTRACTORS CONTINUING CONTRACT.

The deadline for receipt of the Qualification Submittals was March 23, 2015. A total of seven (7) submittals were received by the established date. All seven (7) submittals were considered at the Qualification Selection Committee meeting held on April 6, 2015. The Qualification Selection Committee consisted of the following staff members: Pam Keyes, Director of Public Utilities, Non-Voting Chair; Hank Barroso, Utilities Plant Operations; Doug Meyer, Utilities Electrical and Instrumentation Manager; and John Post, Utilities Electrical Superintendent.

After reviewing the seven (7) submittals it was determined by the Selection Committee that all contractors meet the minimum qualification requirements. Therefore on the basis of the information submitted by the Contractors in their Qualification Statements, and after ranking the submittals by compliance with the requirements of the RFQ and the project, it was the consensus of the Committee to recommend award to and authorize staff to negotiate on a project-by-project basis with the following seven (7) Contractors: A+ Electric LLC; Brittanica Electric, Inc.; Cheslosky Electric, Inc.; Cogburn Bros, Inc.; Gulf States Electric, Inc.; Technical Management Associates, Inc.; and Simmonds Electrical of Naples, Inc.; with an anticipated annual expenditure amount of \$900,000.00 for a contract period of one year, and with an option to renew for four additional one-year periods, upon mutual agreement of both parties.

A+ Electric LLC and Brittanica Electric, Inc. only wish to be considered for projects not exceeding \$200,000.00, as stated in their Qualifications Statements and consistent with the minimum submittal requirements.

- 1) Sample Contract
- 2) Short List Meeting minutes dated April 6, 2015